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STATE OF SOUTH CAROLINA	) 253668
(Caption of Case)	) BEFORE THE ) PUBLIC SERVICE COMMISSION () < >0.75
Example: Application for a Class C Charter Certificate from	of south Carolina 253872
John Doe dba Doe's Limo	
	TRANSPORTATION COVER SHEET RTSC
	DOCKET 2014.305
	Number: $2005 \cdot 207 \cdot \underline{T}$
	) If this is your first time filing an application with the PSC, you will not
	<ul> <li>have a Docket Number. The Commission will assign one to you. If you</li> <li>have filed with the Commission before, a Docket Number was assigned</li> </ul>
(Please type or print)	) and should be entered above.
Submitted by: Connie Fage Mitchell	Telephone: 803-629-0566
Address: 2037 Rolling Hills Pd	Fax:
Calumbia Sc 29210	Other:
NOTE: The cover sheet and information contained herein neither replace	Email: <u>Conmitch   Gaol.com</u>
as required by law. This form is required for use by the Public Service	Commission of South Carolina for the purpose of docketing and must
be fined out completely.	
NATURE OF ACTION (Check all that apply)	
Application – Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application – Class C Charter Bus	Request to Amend Passenger Limit
Application – Class C Non-Emergency	Request
Application - Class E Household Goods	Exhibit
Application - Class E Hazardous Waste	Late-Filed Exhibit
Application	Letter
Request for Extension to Comply with Order	Proposed Order
Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded	Publisher's Affidavit
Request for Cancellation of Certificate	Reservation Letter
Request for Suspension	Response
Request for Reinstatement	Return to Petition
Request for Name Change on Certificate	Other:

## **CLASS C REINSTATEMENT FORM**

rile the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 12-15-14	
Please consider this an application for Reinstateme	ent of my:
Taxi Certificate Number	
Charter Certificate Number	
Charter Bus Certificate Number	
Non-Emergency Certificate Number	
My certificate was revoked/cancelled on 11-18-14 be fles for Last Hulf (DATE)	2014 enforcement period.
sent in the mail in a timely manner. (Different address)	
Conni F. Mitchell DB (Name of Company)	Γ.,
(Street Address)	(Mailing Address if different from Street Address)
Columbia SC 29210 (City, State, Zip Code)	(Signature)
(Telephone Number)	Connie F. Mitchell (Title) Owner, President, etc.